State of Illinois
Department of Public Health

INTEGRATED PEST MANAGEMENT (COURSE/WORKSHOP REGISTRATION FORM)

Date of Course:

Course Location:

Individuals Attending Course:

School/Day Care Name:

Address

City State ZIP Code

Contact E-mail Address:

Contact Phone Number:

- ☐ Day Care Center
- ☐ Public School
- ☐ Other

Submit by Email

Print Form

Submit form by e-mail by clicking on the above box labeled "Submit by Email" or print form and mail to:

Illinois Department of Public Health
Division of Environmental Health
525 W. Jefferson Street, 3rd Floor
Springfield, IL 62761

Fax: 217-785-0253